

# PRE-PROPOSAL MEETING

July 28, 2015

Utilization Control of Selected Hospital, Nursing Facility, and Home and Community Based Services Reimbursed by the Maryland Medicaid Program

DHMH-OPASS-16-14617

## ATTENDANCE ROSTER

**COMPLETE ALL INFORMATION TO RECEIVE ANY COMMUNICATIONS ON THIS RFP**

Name	MBE	Firm Name, Address, Phone, Fax Number and Email Address
<b>PRINT CLEARLY</b>  	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N  <b>MDOT #</b>  <input type="checkbox"/> Y <input type="checkbox"/> N  <b>SBR #</b>	<b>FIRM NAME</b> Talci Medical Consultants, LLC <b>ADDRESS</b> 25 DAY International <b>ADDRESS</b> 4410 Bedford Place <b>ADDRESS</b> Baltimore, MD 21218 <b>PHONE NUMBER</b> (410) 235-8523 <b>FAX NUMBER</b> ( ) <b>EMAIL ADDRESS</b>
<b>PRINT CLEARLY</b>  Bryan Dorsey	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N  <b>MDOT #</b>  <input type="checkbox"/> Y <input checked="" type="checkbox"/> N  <b>SBR #</b>	<b>FIRM NAME</b> Livanta LLC <b>ADDRESS</b> 10830 Guilford Rd <b>ADDRESS</b> Suite 312 Annapolis Junction, MD <b>PHONE NUMBER</b> (240) 554-1200 <b>FAX NUMBER</b> (202) 20701 <b>EMAIL ADDRESS</b> bdorsey@livanta.com
<b>PRINT CLEARLY</b>  Maria Caschetta	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N  <b>MDOT #</b>  <input type="checkbox"/> Y <input checked="" type="checkbox"/> N  <b>SBR #</b>	<b>FIRM NAME</b> Livanta LLC <b>ADDRESS</b> <b>ADDRESS</b> <b>PHONE NUMBER</b> ( ) <b>FAX NUMBER</b> ( ) <b>EMAIL ADDRESS</b>

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Name	MBE	Firm Name, Address, Phone, Fax Number and Email Address
<b>PRINT CLEARLY</b> Janet Robinson	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N  MDOT #  <input type="checkbox"/> Y <input type="checkbox"/> N  SBR #	FIRM NAME Delmarva Foundation ADDRESS 2846 Marlboro Ave ADDRESS Easton MD 21601 PHONE NUMBER (410) 872 9644 FAX NUMBER (410) 822 7971 EMAIL ADDRESS jrobinson@dfmc.org
<b>PRINT CLEARLY</b> Linda Oliver	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N  MDOT #  <input type="checkbox"/> Y <input checked="" type="checkbox"/> N  SBR #	FIRM NAME Delmarva Foundation ADDRESS Same as above ADDRESS PHONE NUMBER (410) 763-6266 FAX NUMBER EMAIL ADDRESS oliverl@dfmc.org
<b>PRINT CLEARLY</b> DIANE GULLO	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N  MDOT #  <input type="checkbox"/> Y <input checked="" type="checkbox"/> N  SBR #	FIRM NAME Delmarva Foundation ADDRESS Same as above ADDRESS PHONE NUMBER (410) 770-9955 FAX NUMBER EMAIL ADDRESS gullodi@qhs-inc.org

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PRINT CLEARLY	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N  MDOT #  <input checked="" type="checkbox"/> Y <input type="checkbox"/> N  SBR #	FIRM NAME <u>THE GRANI GROUP-LLC</u> ADDRESS <u>342 ORCHARD STREET</u> <u>VIENNA, VA 22180</u> ADDRESS <u>(410) 802-4809</u> ( ) PHONE NUMBER <u>HERB SMITH @ THE GRANI GROUP-LLC.COM</u> FAX NUMBER EMAIL ADDRESS
PRINT CLEARLY	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N  MDOT #  <input checked="" type="checkbox"/> Y <input type="checkbox"/> N  SBR # <u>will get</u>	FIRM NAME <u>La Madrid Enterprises</u> ADDRESS <u>7100 Burford Ct suite 101</u> <u>BALTO. MD. 21244</u> ADDRESS <u>(410) 206-1086</u> ( ) PHONE NUMBER <u>Modernmedicalmd@aol.com</u> FAX NUMBER EMAIL ADDRESS
PRINT CLEARLY	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N  MDOT #  <input type="checkbox"/> Y <input type="checkbox"/> N  SBR #	FIRM NAME <u>Maximus Federal</u> ADDRESS <u>7950 Jones Branch Drive</u> ADDRESS <u>McLean, VA</u> <u>(703) 336-8002</u> ( ) PHONE NUMBER <u>brittanyhellreich@maximus.com</u> FAX NUMBER EMAIL ADDRESS



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PRINT CLEARLY	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N  MDOT #  <input type="checkbox"/> Y <input type="checkbox"/> N  SBR #	FIRM NAME <u>The Grant Group LLC</u> ADDRESS <u>342 Orchard St NW Suite 201</u> ADDRESS <u>Vienna VA 22180</u> PHONE NUMBER <u>(703) 325-8850</u> FAX NUMBER <u>(703) 242-5857</u> EMAIL ADDRESS <u>ogrant@thegrantgroup-llc.com</u>
PRINT CLEARLY	<input type="checkbox"/> Y <input type="checkbox"/> N  MDOT #  <input type="checkbox"/> Y <input type="checkbox"/> N  SBR #	FIRM NAME ADDRESS ADDRESS PHONE NUMBER ( ) FAX NUMBER ( ) EMAIL ADDRESS
PRINT CLEARLY	<input type="checkbox"/> Y <input type="checkbox"/> N  MDOT #  <input type="checkbox"/> Y <input type="checkbox"/> N  SBR #	FIRM NAME ADDRESS ADDRESS PHONE NUMBER ( ) FAX NUMBER ( ) EMAIL ADDRESS

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Name	MBE	Firm Name, Address, Phone, Fax Number and Email Address
<b>PRINT CLEARLY</b>  Ann Kenny	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N  MDOT #  <input type="checkbox"/> Y <input checked="" type="checkbox"/> N  SBR #	FIRM NAME <u>Telligen</u> ADDRESS <u>6518 Meadowridge Rd</u> <u>Elkridge, MD 21075</u> ADDRESS <u>(703) 980 9782</u> ( ) PHONE NUMBER <u>AKenny@telligen.com</u> FAX NUMBER EMAIL ADDRESS
<b>PRINT CLEARLY</b>  Karen Smith	<input type="checkbox"/> Y <input type="checkbox"/> N  MDOT #  <input type="checkbox"/> Y <input type="checkbox"/> N  SBR #	FIRM NAME <u>Karen Smith</u> ADDRESS ADDRESS ( ) ( ) PHONE NUMBER <u>Karen Smith</u> FAX NUMBER EMAIL ADDRESS <u>advanta medical solutions</u>
<b>PRINT CLEARLY</b>	<input type="checkbox"/> Y <input type="checkbox"/> N  MDOT #  <input type="checkbox"/> Y <input type="checkbox"/> N  SBR #	FIRM NAME ADDRESS ADDRESS ( ) ( ) PHONE NUMBER FAX NUMBER EMAIL ADDRESS

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PRINT CLEARLY	<input type="checkbox"/> Y <input type="checkbox"/> N  MDOT #  <input type="checkbox"/> Y <input type="checkbox"/> N  SBR #	FIRM NAME <u>State of Maryland</u> ADDRESS <u>201 Preston St</u> ADDRESS _____ ( ) _____ ( ) PHONE NUMBER _____ FAX NUMBER _____ EMAIL ADDRESS <u>paul.graves@maryland.com</u>
PRINT CLEARLY	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <u>MBE 08-236</u> MDOT #  <input type="checkbox"/> Y <input type="checkbox"/> N  SBR #	FIRM NAME <u>SUPPORT NETWORK</u> ADDRESS <u>7900 LIBERTY RD</u> ADDRESS <u>WINDSOR Mill MD 21244</u> ( ) <u>443 426 7063</u> ( ) <u>443 426-7063</u> PHONE NUMBER _____ FAX NUMBER _____ EMAIL ADDRESS <u>Dorian@SupportNetwork Inc.com</u>
PRINT CLEARLY	<input type="checkbox"/> Y <input type="checkbox"/> N  MDOT #  <input type="checkbox"/> Y <input type="checkbox"/> N  SBR #	FIRM NAME _____ ADDRESS _____ ADDRESS _____ ( ) _____ ( ) PHONE NUMBER _____ FAX NUMBER _____ EMAIL ADDRESS _____



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Name	MBE	Firm Name, Address, Phone, Fax Number and Email Address
<b>PRINT CLEARLY</b> Joseph Conley  Veteran Owned (Y)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N  MDOT #  <input checked="" type="checkbox"/> Y <input type="checkbox"/> N  SBR #	FIRM NAME SQW Systems ADDRESS 8630-M Guilford Road Suite 201 ADDRESS (877) 207-8897 EXT (702) PHONE NUMBER FAX NUMBER EMAIL ADDRESS jconley@sqwsystems.com
<b>PRINT CLEARLY</b> BILL BYRD	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N  MDOT #  <input checked="" type="checkbox"/> Y <input type="checkbox"/> N  SBR #	FIRM NAME BUSINESS Promotional Consultants Inc ADDRESS 5028 WISE AVE NW DC ADDRESS STE 302 (202) 463-1902 ( ) PHONE NUMBER FAX NUMBER EMAIL ADDRESS BILBYRD@bpc.com
<b>PRINT CLEARLY</b> Leonard Tokar	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N MDOT #  <input type="checkbox"/> Y <input checked="" type="checkbox"/> N SBR #	FIRM NAME Anyson Healthcare Services ADDRESS 1500 Fulling Mill Rd ADDRESS Middletown PA 17057 (717) 939-6500 x209 ( ) 717-959-6522 PHONE NUMBER FAX NUMBER EMAIL ADDRESS LTOKAR@Anyson.com

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PRINT CLEARLY	<input type="checkbox"/> Y <input type="checkbox"/> N  MDOT #	FIRM NAME <i>Monchel Pridget</i>  ADDRESS <i>DHMH</i>  ADDRESS ( ) ( ) PHONE NUMBER FAX NUMBER EMAIL ADDRESS
	<input type="checkbox"/> Y <input type="checkbox"/> N  SBR #	
PRINT CLEARLY	<input type="checkbox"/> Y <input type="checkbox"/> N  MDOT #	FIRM NAME <i>Maryam Baharloo</i>  ADDRESS <i>DHMH</i>  ADDRESS ( ) ( ) PHONE NUMBER FAX NUMBER EMAIL ADDRESS
	<input type="checkbox"/> Y <input type="checkbox"/> N  SBR #	
PRINT CLEARLY	<input type="checkbox"/> Y <input type="checkbox"/> N  MDOT #	FIRM NAME  ADDRESS  ADDRESS ( ) ( ) PHONE NUMBER FAX NUMBER EMAIL ADDRESS
	<input type="checkbox"/> Y <input type="checkbox"/> N  SBR #	



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PRINT CLEARLY	<input type="checkbox"/> Y <input type="checkbox"/> N  MDOT #  <input type="checkbox"/> Y <input type="checkbox"/> N  SBR #	FIRM NAME <u>DAWNN WILLIAMS</u> ADDRESS <u>MEDICAID-DHMH</u> ADDRESS _____ ( ) _____ ( ) PHONE NUMBER _____ FAX NUMBER _____ EMAIL ADDRESS _____
PRINT CLEARLY	<input type="checkbox"/> Y <input type="checkbox"/> N  MDOT #  <input type="checkbox"/> Y <input type="checkbox"/> N  SBR #	FIRM NAME <u>Jill Spector</u> ADDRESS <u>DAMA</u> ADDRESS _____ ( ) _____ ( ) PHONE NUMBER _____ FAX NUMBER _____ EMAIL ADDRESS _____
PRINT CLEARLY	<input type="checkbox"/> Y <input type="checkbox"/> N  MDOT #  <input type="checkbox"/> Y <input type="checkbox"/> N  SBR #	FIRM NAME <u>Marlana R. Hutchinson</u> ADDRESS <u>DAMH</u> ADDRESS _____ ( ) _____ ( ) PHONE NUMBER _____ FAX NUMBER _____ EMAIL ADDRESS _____